

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="12494"/>	2 Fiscal Year Covered From <input type="text" value="1"/> / <input type="text" value="1"/> / 2004 Through <input type="text" value="12"/> / <input type="text" value="31"/> / 2004
3 Name and address of person filing Name <input type="text" value="MELVIN"/> <input type="text" value="M"/> <input type="text" value="KALAMA JR"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817 3043"/>	4 Name file number and address of labor organization Name <input type="text" value="LABORERS AFL CIO LOCAL 368"/> Labor Organization File Number <input type="text" value="042-957"/> P O Box Building and Room Number if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817-3043"/>
5 Position in labor organization <input type="text" value="VICE PRESIDENT"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Melvin M Kalama Jr

On

Date

Telephone Number

Name of Person Filing **MELVIN KALAMA JR**File Number **U**

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **HAWAII LABORERS TRAINING TRUST FUND**

Trade Name if any

P O Box Bldg Room No if any

Street **1221 KAPIOLANI BLVD SUITE 900**City **HONOLULU**State **Hawaii** ZIP Code + 4 **96814-3502**

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer11 a Nature of such dealing **TRAINING TRUST FUND LAB UNION MEMBERS**

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

11 b Approximate dollar value of such dealing

~~58,906~~

12 a Nature of interest held or income received

~~X~~ **hmk**

12 b Amount

\$ 8,296.00

MELVIN KALAMÁ, JR - TRAINING TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Training	LIUNA Tri Fund Conference January 18 22 2004	\$ 4 861 08	\$ 3,777 61	\$ 1 083 47
Training	World of Concrete February 16 20 2004	\$ 5 649 38	\$ 4,406 37	\$ 1 243 01
Training	Annual/Quarterly Meetings July 22 - 25 2004	\$ 291 67	\$ 111 69	\$ 179 98
Total		\$ 10 802 13	\$ 8,295 67	\$ 2 506 46

Name of Person Filing MELVIN KALAMA JR	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name HAWAII LABORERS ANNUITY TRUST FUND</p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any </p> <p>Street 1221 KAPIOLANI BLVD SUITE 900</p> <p>City HONOLULU</p> <p>State Hawaii ZIP Code + 4 96814-3502</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p style="text-align: right; margin-top: 20px;"><i>mmk</i></p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name </p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11 a Nature of such dealing <i>ANNUITY TRUST FUND LAB UNION MEMBERS</i></p> <p>PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS</p> <p>(SEE ATTACHED WORKSHEET)</p> <p>11 b Approximate dollar value of such dealing <i>5,126</i></p> <p>12 a Nature of interest held or income received <i>X mmk</i></p> <div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 10px; position: relative;"> mmk </div> <p>12 b Amount <i>\$ 5,126</i></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name </p> <p>Trade Name if any </p> <p>P O Box Bldg Room No if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; width: 150px; height: 150px; margin-top: 10px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment </p>

MELVIN KALAMA, JR - ANNUITY TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Annuity	Investment Institute April 28 - 30 2004	\$ 4 958 00	\$ 2,776 54	\$ 2 181 46
Annuity	HUB Educational Trust Fund May 27 - 31 2004	\$ 2 755 00	\$ 2,237 90	\$ 517 10
Annuity	Annual/Quarterly Meetings July 22 - 25 2004	\$ 291 66	\$ 111 68	\$ 179 98
Total		\$ 8 004 66	\$ 5 126 12	\$ 2 878 54

Name of Person Filing **MELVIN KALAMA JR**File Number **U**

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **HAWAII LABORERS EMPL COOP & EDUC TRUST FUND**

Trade Name if any

P O Box Bldg Room No if any

Street **1221 KAPIOLANI BLVD SUITE 900**City **HONOLULU**State **Hawaii** ZIP Code + 4 **96814-3502**

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer11 a Nature of such dealing **SECRET TRUST FUND FOR LAB UNION MEMBERS**

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

#112

MELVIN KALAMA, JR - LECET TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Lecet	Annual/Quarterly Meetings July 22 - 25 2004	\$ 291 67	\$ 111 69	\$ 179 98

Name of Person Filing MELVIN KALAMA JR

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LIUNALECEY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 805 16TH ST NW

City WASHINGTON

State D.C.

ZIP Code + 4 20006

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name HAWAII LABORERS' EMPL COOP & EDUC TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii

ZIP Code + 4 96814-3502

11 a Nature of such dealing

PERSON FILING IS TRUSTEE ON BOARD OF NAME TRUST FUND

(SEE ATTACHED WORKSHEET)

11 b Approximate dollar value of such dealing

\$ 103.52

12 a Nature of interest held or income received

KAWA

12 b Amount

103.52

2004
LECET LM-30 STAFF REPORT

LIUNA LECET TRUST
FUND

	Name and Title	Date	Place	Event	Amount
TF	Kahana, Melvin - Union Trustee (Hawai)	01/18/04	Disney Yacht & Beach Club, FL	Reception - Tri-Fund Conference	\$ 103 52